

MONTANA BOARD OF NURSING HOME ADMINISTRATORS
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WEBSITE: www.discoveringmontana.com/dli/nha

**GENERAL APPLICATION PROCEDURE FOR MONTANA
NURSING HOME ADMINISTRATORS**

A Nursing Home Administrator can be licensed in Montana in two ways: licensure by examination or licensure by reciprocity.

CATEGORIES: LICENSURE REQUIREMENTS BY EXAMINATION:

The applicant must attain a passing scaled score, as determined by the National Association of Boards of Examiners for Nursing Home Administrators (NAB) on an examination administered by the Professional Examination Service or the National Association of Boards and attain a score of at least 90% on the Montana jurisprudence examination. Both examinations may be retaken upon paying an examination fee.

The applicant must attain a score of at least 90% on the Montana Jurisprudence Examination before a temporary license may be issued. A temporary license is valid until the applicant either fails the first NAB examination for which the applicant is eligible or passes the examination and is granted a license.

LICENSURE REQUIREMENTS BY RECIPROCITY:

The applicant must have attained a passing scaled score, as determined by the National Association of Boards of Examiners for Nursing Home Administrators on an examination prepared by the Professional Examination Service or the National Association of Boards, attain a score of at least 90% on the Montana Jurisprudence Examination, and hold a current valid unencumbered nursing home administrator's license in another state or jurisdiction (s).

APPLICATIONS: All applicants shall:

1. Submit a completed application that must be signed and notarized.
2. Include the appropriate fee. Make payment to the: Montana Board of Nursing Home Administrators. Personal checks, money orders or cashiers checks are acceptable but must be in U.S. funds. Please do not send cash.
3. Submit supporting documentation of education, training and experience listed on the professional training and experience form and experience and education checklist form. These forms provide a sufficient basis for the Board to evaluate the points earned by the applicant. A combination thereof totaling a minimum point-value of 1200 points must be obtained.
4. Submit three letters of character reference.
5. Submit a current resume.
6. Attain a passing scaled score, as determined by the National Association of Boards of Examiners for Nursing Home Administrators (NAB) on an examination administered by the Professional Examination Service or the National Association of Boards. In the event of failure, the individual may retake the examination by paying exam fees to NAB.
7. Attain a final score of at least 90% on the Montana Jurisprudence Examination relating to the provisions of the Montana long-term care facility licensing law and regulations. In the event of failure, the individual may retake the examination by paying exam fees to the Board of Nursing Home Administrators.

The jurisprudence exam is an open book examination on the laws and rules pertaining to the licensure and regulation of a nursing home administrator **and** laws and rules pertaining to the Department of Public Health and Human Services licensure and regulation of facilities. This examination is intended to give the applicant the opportunity to demonstrate familiarity with the regulations of the facility **and** as a nursing home administrator. The code booklet is available from the Health Facilities Division at these websites http://data.opi.state.mt.us/bills/mca_toc/50_5.htm parts 1 and 2 and www.dphhs.state.mt.us/legal_section the administrative rules, title 37, chapter 106, subchapter 3. The laws and rules for the nursing home administrator are available at this website www.discoveringmontana.com/dli/nha.

8. Upon receipt of all supporting documentation and licensure fee, and passing the Jurisprudence Examination, the application will be sent to the Board for review and approval to take the National exam. Please allow 10-14 working days for processing.
9. Upon passing the NAB examination, the applicant will be licensed and sent the license and wall certificate.

INSTRUCTIONS FOR NURSING HOME ADMINISTRATOR APPLICATION FOR EXAMINATION & LICENSURE: In addition to the original application, applicants must have the following:

1. License application fee - \$100.00
2. Take and pass the National Association of Boards of Examiners for Nursing Home Administrators (NAB) national examination. The Board office does not supply study materials for the NAB examination, however, NAB offers study materials. Contact NAB at www.nabweb.org. Upon Board approval of the application, the Board office will submit approval to NAB for the applicant to take the examination. An examination fee of \$265.00 will need to be paid by the applicant to NAB. In the event of failure of the examination, the applicant may retake the examination by paying an examination fee to NAB.

INSTRUCTIONS FOR NURSING HOME ADMINISTRATOR APPLICATION FOR EXAMINATION & TEMPORARY LICENSURE: In addition to the original application, applicants must have the following:

1. License application fee - \$100.00 **plus** temporary license fee - \$100.00 to equal **\$200.00**.
2. Take and pass the National Association of Boards of Examiners for Nursing Home Administrators (NAB) national examination. The Board office does not supply study materials for the NAB examination, however, NAB offers study materials. Contact NAB at www.nabweb.org. Upon Board approval of the application, the Board office will submit approval to NAB for the applicant to take the examination. An examination fee of \$265.00 will need to be paid by the applicant to NAB. In the event of failure of the examination, the applicant may retake the examination by paying an examination fee to NAB.

INSTRUCTIONS FOR NURSING HOME ADMINISTRATOR APPLICATION FOR LICENSURE BY RECIPROCITY: In addition to the original application, applicants must have the following:

1. License application fee - \$200.00
2. A signed statement from the examining board of another state/jurisdiction (s) attesting that he applicant attained a passing scaled score, as determined by the National Association of Boards of Examiners for Nursing Home Administrators (NAB) on an examination prepared by the Professional Examination Service or the National Association of Boards and that the applicant holds a current unencumbered valid license as a nursing home administrator in that jurisdiction. The applicant must request official written verification be sent directly from the other state/jurisdiction (s) to the Montana Board.

Upon meeting all requirements a license may be issued in approximately 10-14 working days.

<input type="checkbox"/>	EXAMINATION	\$100.00
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<input type="checkbox"/>	RECIPROCITY	\$200.00
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2. OTHER NAME (S) KNOWN BY _____

3. PRESENT EMPLOYER:

4. EMPLOYER'S ADDRESS: _____

Street or PO Box #	City & State	Zip	Country

5. HOME ADDRESS: _____

Street or PO Box #	City & State	Zip	Country
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PREFERRED MAILING ADDRESS: ☐ Home ☐ Employer E-MAIL ADDRESS:

6. TELEPHONE: (____) _____ (____) _____ (____) _____
Business Home Fax

7. SOCIAL SECURITY NUMBER FOREIGN ID NUMBER

8. DATE OF BIRTH _____ PLACE OF BIRTH _____ ☐ Male ☐ Female

9. LICENSE NAME _____
(State your name, as it should appear on the license if granted)

Please answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a supplement sheet.

YES NO

10. If taken an examination, do you have any physical or mental impairment(s) requiring special accommodation(s)? If yes, attach a detailed explanation. ☐ ☐

11. Have you ever applied for or taken the licensure examination in Montana or any other state? ☐ ☐
If yes, attach a detailed explanation giving type of exam taken, date, and results.

12. Have you ever been denied the right to take this profession's licensing exam in any state? ☐ ☐
If yes, attach a detailed explanation.

13. National Board Examination Information:

Scaled Score	Location	Date	Pass/Fail

14. List all professional/occupational licenses, registrations or certificates granted to you.

State/Province/Territory	License Number	Date Issued	Current? Yes/No	Type of License

15. EDUCATION

High School:

Name of School	Date Graduated

College/University:

List all colleges, universities, or course(s), which you have attended and/or completed. Include copy of all diplomas or course completion certificates.

College/University	Course (s)	Date Attended	Credits	Degree

16. SEMINARS, WORKSHOPS, SHORT COURSES:

List all seminars, workshops, and/or short course(s), which you have attended and/or completed. Include copy of all course completion certificates (one credit per clock hour).

Seminar/Workshop/Short Course	Location	Date (s) attended	Number of Clock Hours

17. ADMINISTRATOR-IN-TRAINING (AIT) PROGRAM (S):

Date Attended	Name/Location of Program	# of Clock Hours

- | | YES | NO |
|---|--------------------------|--------------------------|
| 18. Has a licensing agency ever taken adverse or disciplinary action against your license?
If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Has your license (certificate) ever been forfeited or surrendered?
If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct? If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Has any legal or disciplinary action been filed against you relating to or during the course of your professional practice? If yes, attached a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have you ever been expelled from or asked to resign from any professional organization of which you were a member? If yes, please attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Have you ever been charged with or convicted of a crime (including a plea of no contest or deferred prosecution) relating to, or committed during the course of your professional practice, involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending? You may omit: (1) traffic violations for which you paid a fine of \$100.00 or less and (2) charges or convictions prior to your 16 th birthday. If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Have you ever been charged with fraud, formally or informally, in any legal proceeding? If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Have you any physical or mental condition which has in the past three years adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Have you within the last three years, used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession? If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Nursing Home Administrators.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

Legal Signature of Applicant

Date

Subscribed and sworn to me by this _____ day of _____, _____

At _____
City and State

Notary Public

SEAL

For the State of

My commission expires _____

PROFESSIONAL TRAINING AND EXPERIENCE

Please complete this section. Your resume will not be accepted as a substitute. Start with present position and work back. Include only those positions you have held in the health care and management fields. (You may make copies of this form as needed.)

APPLICANT NAME:

Name & Address of Employer

Name & Address of Employer

Type of business or organization:

Type of business or organization:

Name of Supervisor:

Name of Supervisor:

Dates of employment:

From: To:

Dates of employment:

From: To:

Detailed description of duties:

Detailed description of duties:

Position title:

Position title:

Number of employees under
your supervision:

Full-time ____ Part-time ____

Number of employees under
your supervision:

Full-time ____ Part-time ____

EXPERIENCE AND EDUCATION CHECKLIST**POINTS SCORE**

1.	Management Experience with or without supervision	600/yr	_____
2.	Direct Services in Health Care Facilities	150/yr	_____
3.	Support Services in Health Care Facilities	50/yr	_____

Credit for experience in the above positions will be limited to the most recent five years experience in points.

EDUCATION**Graduate/Professional Degrees**

1.	Masters or beyond in Health Care Administration	1200	_____
2.	Masters or beyond in Business Administration	1200	_____
3.	Masters or beyond in Nursing	1200	_____

Baccalaureate Degrees

1.	BS/BA in Health Care Administration	1200	_____
2.	BS/BA in Nursing (or 3-year Diploma Nurse)	1200	_____
3.	BS/BA in Business Administration	1200	_____
4.	BS/BA in Other Health Care Related	1200	_____

Associate Degrees

1.	Associate Degree in Health Care Administration	1200	_____
2.	Associate Nursing Degree	1200	_____
3.	Associate Degree in Other Health Care Related	1200	_____
4.	Associate Degree Business	1200	_____

College/University Course Work (No Degree earned-completed with a grade not less than "C".) (20 points per credit hour.)

1.	Health Care Administration Courses	_____
2.	Business Courses	_____
3.	Other Health Care Courses	_____

Seminars/Workshop/Short Courses (One (1) credit per clock hour)

1.	Health Care Administration (per approved clock hour)	_____
2.	Business Administration (per approved clock hour)	_____
3.	Other Health Care Content (per approved clock hour)	_____

Administrator-in-Training Program

1.	Contents of the program can be submitted for the hours of training at one (1) point per clock hour.	_____
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